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(Rev. 02/2003)

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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00106146 Χ REPORT OR (A) (N) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2006 07 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 12 07 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

Image# 26940791566

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC [®] D " D 0.7 0.7 0 1 2006 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 941820.56 [°]2006 January 1 (b) Cash on Hand at 963398.56 Begining of Reporting Period 126571.16 701738.20 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1089969.72 1643558.76 6(a) and 6(c) for Column B) 145860.87 699449.91 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 944108.85 944108.85 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 0 7

From:

01

^Y 2 0 0 6

To:

м м 0 7 ^D 3 1

^Y 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	49300.19	244182.11
	(ii) Unitemized	40932.64	128556.03
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	90232.83	372738.14
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	6666.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	90232.83	379404.14
2.	Transfers From Affiliated/Other Party Committees	36000.00	318500.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
0.	to Federal candidates and Other Political Committees	0.00	1500.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	338.33	2334.06
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	126571.16	701738.20
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	126571.16	701738.20

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 8647.83 19308.87 Expenditures..... (c) Total Operating Expenditures 8647.83 19308.87 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 101713.00 645001.00 24. Independent Expenditure 35000.04 35000.04 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 140.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 500.00 0.00 (such as PACs) (d) Total Contribution Refunds 500.00 140.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 145860.87 699449.91 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

145860.87

699449.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	90232.83	379404.14
34.	Total Contribution Refunds (from Line 28(d))	500.00	140.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	89732.83	379264.14
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8647.83	19308.87
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	8647.83	19308.87

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 93 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any persitress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions a solicit contributions from such committee
NAME OF COMMITTEE (In Full) American Hospital Association PAC	io name and dat	arooo or ary pointed committee to	ocion sontinuatorio nom suom committos.
Full Name (Last, First, Middle Initial) AZHHA Political Action Committee (Federal) Mailing Address 2901 North Central A Suite 900 City Phoenix FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State AZ C C00	Zip Code 85012 0217687 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Mailing Address P.O. Box 15587 City Austin FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation	Zip Code 78761-5587 0301325 n e Year-to-Date ▼ 67000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED Parameters Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State NY C C00 Occupation	Zip Code 12144 0160259 n e Year-to-Date ▼ 40000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			26000.00
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7/93 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal Date of Receipt Mailing Address Post Office Box 8600 07 25 2006 City Zip Code State Transaction ID: 12791495 Harrisburg PA 17105-8600 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 C C00128082 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 70000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	•	36000.00

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 8/9	93
			Use separate schedule(s) or each category of the	(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	<u>,</u>
			Detailed Guillinary Fage	13 14 15 16	5 1 7
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contribution	ns
or 1	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee	е.
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
٩.	Mr. Robert L. Shircliff			Date of Receipt	
	Mailing Address 2104 Rudy Lane			07 13 200	
		01-1-	7:- 0 - 4 -		7.0
	City	State	Zip Code	Transaction ID: 12772832	
	Louisville	KY	40207-1204	Amount of Each Receipt this Perio	d
	FEC ID number of contributing federal political committee.	C		1000	.00
	Name of Employer	Occupation	า	-	
	Name of Employer Jewish Hospital & St. Mar- y's HealthCar		ce President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	1	1000.00		
				'	
	Full Name (Last, First, Middle Initial) Mr. Thomas E Wilhelmsen, , Jr.			Date of Receipt	
	Mailing Address P O Box 2014		M M / D D / Y Y Y		
				07 13 200) 6
	City	State	Zip Code	Transaction ID: 12772839	
	Nashua	NH	03061-2014	Amount of Each Receipt this Perio	<i>i</i> d
	FEC ID number of contributing federal political committee.	C		250	.00
	Name of Employer	Occupation	า		
	Southern New Hampshire Medical Center	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00		
	Other (specify) ▼		250.00		
	Full Name (Last First Middle Initial)				
	Full Name (Last, First, Middle Initial) Mr. Henry D Lipman			Date of Receipt	
	Mailing Address 80 Highland Street			M M / D D / Y Y Y	
	01		7' 0 1	07 13 200) 6
	City	State	Zip Code	Transaction ID: 12772840	
	Laconia	NH	03246-3298	Amount of Each Receipt this Perio	d
	FEC ID number of contributing federal political committee.	C		500	.00
	Name of Employer	Occupation	<u> </u>		
	Name of Employer LRG Healthcare		Vice President and Chief F	in	
	Receipt For:	1	Year-to-Date V		
	Primary General	riggrogate	real to Bate V		
	Other (specify)		500.00		
				'	
	<u> </u>			1	<u> </u>
SI	JBTOTAL of Receipts This Page (optional)		······	1750	.UU
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T	OTAL This Period (last page this line number or	1ly)	.		

S	CHEDULE A (FEC Form 3X)	Here a support a subset of the factor		FOR LINE NUMBER: PAGE 9 / 93	
	` '		Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Peter L Gosline			Date of Receipt	
	Mailing Address 452 Old Street Road			07 13 2006	
	City	State	Zip Code	Transaction ID: 12772841	
	Peterborough	NH	03458-1295	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Monadnock Community Hospital	Occupation Chief Exe	n ecutive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		250.00		
— В.	Full Name (Last, First, Middle Initial) Mr. Bruce King			Date of Receipt	
	Mailing Address 273 County Road			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O	
	City	State	Zip Code		
	New London	NH	03257-5736	Transaction ID: 12772842	
	•	INII	03237-3736	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer New London Hospital	Occupation	n t and Chief Executive Office		
	Receipt For:	1	Year-to-Date V		
	Primary General	Aggregate	rear-to-Date ▼	,	
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial)			4	
C.	Ms. Claire L Bowen			Date of Receipt	
	Mailing Address 243 Elm Street			07 13 2006	
	City	State	Zip Code	Transaction ID: 12772843	
	Claremont	NH	03743-2099	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Valley Regional Hospital	Occupation Chief Exe	n ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼	0 0	250.00]	
$\overline{}$					
_				750.00	
	UBTOTAL of Receipts This Page (optional)				
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 93 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Karen O Moore, , R.N., MS Mailing Address 164 High Street City Greenfield FEC ID number of contributing federal political committee. Name of Employer Franklin Medical Center Receipt For: Primary General Other (specify)	State MA C Occupation Vice Pres Aggregate		Date of Receipt O 7 1 3 2 0 0 6 Transaction ID: 12772846 Amount of Each Receipt this Period 250.00
3.	Full Name (Last, First, Middle Initial) Ms. Jacqueline L. Gonzalez Mailing Address 12350 S.W. 106th Stree City Miami FEC ID number of contributing federal political committee. Name of Employer Miami Children's Hospital Receipt For: Primary General Other (specify)	State FL C Occupation Vice Pres	Zip Code 33186-3703 n sident, Patient Care Services e Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Mr. Doug Bentz Mailing Address 200 Hospital Drive City Spencer FEC ID number of contributing federal political committee. Name of Employer Roane General Hospital Receipt For: Primary General Other (specify)	4	Zip Code 25276-1050 n ecutive Officer e Year-to-Date ▼	Date of Receipt M M J J 2006 Transaction ID: 12772848 Amount of Each Receipt this Period 250.00
s	UBTOTAL of Receipts This Page (optional))	750.00
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 93
ITEMIZED RECEIPTS			or each category of the	(check only one)
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Thomas J Corder			Date of Receipt
	Mailing Address P O Box 718			07 13 7 2006
	City	State	Zip Code	Transaction ID: 12772849
	Parkersburg	WV	26102-0718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Camden-Clark Memorial Hos- pital	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Sandra Elza			Date of Receipt
	Mailing Address P O Box 720			07 13 YYYY 2006
	City	State	Zip Code	Transaction ID: 12772854
	Ripley	WV	25271-0720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Jackson General Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. J. Thomas Jones, CHE			Date of Receipt
	Mailing Address 3106 N. Greystone Driv	e		07 13 YYYYY 2006
	City	State	Zip Code	Transaction ID: 12772855
	Morgantown	WV	26508-8601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer West Virginia United Heal- th System		& Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
_	OTAL This Period (last page this line number o	nlv)	,	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 12 / 93 (check only one)
IT LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Michael A King			Date of Receipt
Mailing Address P O Box 718			07 13 7 2006
City	State	Zip Code	Transaction ID: 12772856
Parkersburg	WV	26102-0718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Camden-Clark Memorial Hos- pital	Occupation Chief Op	n erating Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Howard Neiberg, M.D.			Date of Receipt
Mailing Address 1388 National Road #3	07 13 7 2006		
City	State	Zip Code	Transaction ID: 12772859
Wheeling	WV	26003-5715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Reynolds Memorial Hospital		Radiology Department	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Ali Rahimian, MD			Date of Receipt
Mailing Address 114 Allison Avenue			07 13 7 2006
City	State	Zip Code	Transaction ID: 12772860
Bridgeport	WV	26330-2502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer United Hospital Center	Occupation Director,	n Obstetrics & Gynecology	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 93
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports and St	atemente ma	y not be sold or used by any perso	13 14 15 16 17
or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Michael G Sellards			Date of Receipt
Mailing Address 2900 First Avenue			07 13 / Y Y Y Y Y
City Huntington	State WV	Zip Code 25702-1241	Transaction ID: 12772861 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer St. Mary's Medical Center	Occupatio Presiden	n t and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. John Sicurella			Date of Receipt
Mailing Address 800 Wheeling Avenue			07 13 7 2006
City	State	Zip Code	Transaction ID: 12772862
Glen Dale	WV	26038-1660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Reynolds Memorial Hospital	Occupatio Chief Ex	n ecutive Officer	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) C. Mr. Steven J. Summer			Date of Receipt
Mailing Address 7335 East Orchard Roa Suite 100	ad		07 13 7 2006
City	State	Zip Code	Transaction ID: 12772863
Greenwood Village	CO	80111-2582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Colorado Hospital Associa-	Occupatio Presiden	n t & Chief Executive Officer	
tion Receipt For:	_1	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Harrison and C. L. C.	FOR LINE NUMBER:	PAGE 14/93
	-		Use separate schedule(s) or each category of the	(check only one)	_
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of solicities solicities solicities solicities solicities from the solicities of solicities and solicities are solicities and solicities are solicities and solicities are solicities and solicities are solicities	ting contributions such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Timothy M. Callaghan			Date of Receipt	
	Mailing Address 14006 West 73rd Street			07 17	2006
	City	State	Zip Code	Transaction ID: 12	780198
	Shawnee	KS	66216-3794	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			300.00
	Name of Employer Saint Luke's Northland Ho- spital	Occupation Chief Exe	n ecutive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
3.	Full Name (Last, First, Middle Initial) Mr. Donald E. Kalicak			Date of Receipt	
	Mailing Address 160 Hunters Pointe Drive	0 7 / D D D 1 7	2006		
	City	State	Zip Code	Transaction ID: 12	781817
	Saint Charles	MO	63304-7129	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer St. John's Mercy Health Care	Occupation Director.	n Planning & Public Policy		
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
— C.	Full Name (Last, First, Middle Initial) Mr. Lowell C. Kruse, FACHE			Date of Receipt	
	Mailing Address 7300 SE 75th Road			M M / D D D 1 7	2006
	City	State	Zip Code	Transaction ID: 12	
	Saint Joseph	MO	64507-8073	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Heartland Health	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	1000.00		
s	UBTOTAL of Receipts This Page (optional)				1550.00
			<u> </u>		
T	OTAL This Period (last page this line number on	ly))		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 93
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Roy G Vinyard			Date of Receipt
	Mailing Address 2650 Siskiyou Blvd, Sui	te 200		07 17 2006
	City	State	Zip Code	Transaction ID: 12788316
	Medford	OR	97504-8170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Asante Health System	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Andrew S. Davidson			Date of Receipt
	Mailing Address 4000 Kruse Way Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	
	Lake Oswego	OR	97035-5545	Transaction ID: 12788317
	•	Un	97030-0040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	
	Oregon Association of Hospitals & Heal	President	& CEO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)		300.00	
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Ms. Gwen Dayton Mailing Address 12781 SW Terraview Di	rive		M M / D D / Y Y Y Y
				07 17 2006
	City	State	Zip Code	Transaction ID: 12788319
	Tigard	OR	97224-0703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Oregon Association of Hos-	Occupation		
	pitals & Heal	1	sident & General Counsel	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		200.00	
_	LIDTOTAL (CDaysials Till Day (Cd.)			1000.00
L	UBTOTAL of Receipts This Page (optional)		······	
				The state of the s

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 93
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Kevin Earls			Date of Receipt
	Mailing Address 963 Parkway Drive NW			07 17 7 2006
	City	State	Zip Code	Transaction ID: 12788320
	Salem	OR	97304-3673	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Oregon Association of Hos- pitals & Heal	Occupation Vice Pres	n sident, Finance & Health Pol	ic
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Mr. Milton D Bourgeois, Jr.			Date of Receipt
	Mailing Address 4608 Highway 1			07 17 2006
	City	State	Zip Code	Transaction ID: 12788971
	Raceland	LA	70394-2623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Ochsner St. Anne General Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
Э.	Full Name (Last, First, Middle Initial) Ms. Sonia Christian			Date of Receipt
	Mailing Address 1001 Gause Boulevard			07
	City	State	Zip Code	Transaction ID: 12788972
	Slidell	LA	70458-2939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Slidell Memorial Hospital	Occupation CIO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		250.00	1
	Other (specify)	0 0	230.00	
S	JBTOTAL of Receipts This Page (optional)			1250.00
т	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 93
ıT	EMIZED RECEIPTS	or each category of the		(check only one)
Ш	EMIZED RECEIP 13	Detailed Summary Page		X 11a 11b 11c 12
			, , , , ,	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.				Date of Receipt
	Mailing Address 1001 Gause Boulevard			07 17 2006
	City	State	Zip Code	Transaction ID: 12788974
	Slidell	LA	70458-2939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Slidell Memorial Hospital	Occupation Chief Fin	n ancial Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Teri G Fontenot, , CHE			Date of Receipt
	Mailing Address P O Box 95009			07 17 2006
	City	State	Zip Code	Transaction ID: 12788977
	Baton Rouge	LA	70895-9009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Woman's Hospital	Occupation Presiden	n t and Chief Executive Office	_
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Sam Fulton			Date of Receipt
	Mailing Address 1020 Fertitta Boulevard			07 17 2006
	City	State	Zip Code	Transaction ID: 12788980
	Leesville	LA	71446-4649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Byrd Regional Hospital	Occupation Assistant	n t Administrator	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		.	1000.00
<u>_</u>	-	*******		

0	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 18 / 93
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Fage		13 14 15 16 17
Δr	y information copied from such Reports and Sta	atements may	y not be sold or used by any ners	
or	for commercial purposes, other than using the r	name and add	dress of any political committee t	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Robert L Hawley, , Jr., FAC			Date of Receipt
	Mailing Address 1001 Gause Boulevard			07 17 2006
	Oit.	01-1-	7:a Cada	
	City	State	Zip Code	Transaction ID: 12788982
	Slidell	LA	70458-2987	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Slidell Memorial Hospital	Occupation	า	
	Slidell Memorial Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	1 1		7
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			
В.	Mr. Roger C LeDoux			Date of Receipt
	Mailing Address 1020 Fertitta Boulevard			07 17 2006
	011	01-1-	7'- 0-4-	
	City	State	Zip Code	Transaction ID: 12788986
	Leesville	<u>LA</u>	71446-4697	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Byrd Regional Hospital	Occupation	1	
	Byrd Regional Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	7
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			D. (D.).
C.	Mr. John A. Mattessino			Date of Receipt
	Mailing Address 9521 Brookline Avenue			07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12788987
	Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period
	•	LA	70003-0403	Afflount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	rederal political committee.			
	Name of Employer Louisiana Hospital Associ-	Occupation	1	
	ation	President	& Chief Executive Officer	
	Receipt For: Primary General Aggrega		Year-to-Date ▼	
			1000.00	7
Other (specify) ▼		1000.00	_	
_				
		1750.00		
S	UBTOTAL of Receipts This Page (optional)			1730.00
T	OTAL This Period (last page this line number of	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 93 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Gary Muller			Date of Receipt
	Mailing Address 1101 Medical Center Bo			07 17 2006
	City	State LA	Zip Code	Transaction ID: 12788989
	Marrero F50 ID contribution	LA	70072-3147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer West Jefferson Medical Ce- nter	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Mrs. Cindy J Rogers, , FACHE			Date of Receipt
	Mailing Address P O Box 1901			07 17 2006
	City	State	Zip Code	Transaction ID: 12789134
	Monroe	LA	71210-1901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Patrick's Psychiatric	Occupation	n ecutive Officer	
	Hospital Receipt For:		e Year-to-Date ▼	-
	Primary General	00 0	500.00	1
	Other (specify) ▼	0 0	300.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Elton L Williams, , Jr., CPA			Date of Receipt
	Mailing Address P O Drawer 'M'			07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12789145
	Lake Charles	LA	70602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Lake Charles Memorial Hos- pital	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
	OTAL This Period (last page this line number or	nlv)		
	U A PROPERTIES I CITOU (1831 PAYE (1115 IIITE HUITIDEI OF	y /	···········	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 93
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Steve Worley			Date of Receipt
	Mailing Address 200 Henry Clay Avenue)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12789146
	New Orleans	LA	70118-5798	Amount of Each Receipt this Period
			70110 0700	
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Children's Hospital	Occupation	n t and Chief Executive Officer	.]
	Receipt For:		Year-to-Date V	-
	Primary General	1.999		1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Stephen F Wright			Date of Receipt
	Mailing Address 3330 Masonic Drive			M M / D D / Y Y Y Y
	Cit.	Ctata	7in Oada	07 17 2006
	City Alexandria	State LA	Zip Code	Transaction ID: 12789147
		LA	71301-3899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	<u> </u>	\dashv
	Christus St. Frances Cabr- ini Hospital		and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Elizabeth Brown			Date of Receipt
J .	Mailing Address 2 Oriole Terrace			M M / D D / Y Y Y Y
				07 17 2006
	City	State	Zip Code	Transaction ID: 12789148
	<u>Sparta</u>	NJ	07871-1305	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Newton Memorial Hospital	Occupation Trustee	1	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
_				
				1250.00
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	······································	1250.00
	<u> </u>			

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 93
•		Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			
A.	Mr. Chris Carle			Date of Receipt
	Mailing Address 238 Barnes Road			M M / D D / Y Y Y Y
				07 17 2006
	City	State	Zip Code	Transaction ID: 12790095
	Williamstown	KY	41097-9460	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Francisco	10		4
	Name of Employer St. Elizabeth Medical Cen-	Occupation		
	ter-Grant Cou Receipt For:	Administ		\dashv
	Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify)	' '	250.00	
	Citiei (Specify)	1 1		1
	Full Name (Last, First, Middle Initial)			+
В.	,			Date of Receipt
	Mailing Address 565 Village Drive			M M / D D / Y Y Y Y
	Walling / Racioss 303 Village Drive			07 17 2006
	City	State	Zip Code	Transaction ID: 12790100
	Edgewood	KY	41017-3253	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer St. Elizabeth Medical Cen-	Occupation		
	ter-Grant Cou	Administ		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	11
	Other (specify)		230.00	
C.	Full Name (Last, First, Middle Initial) Mr. Terrance M. Burns			Date of Receipt
Ο.	Mailing Address 75 Drew Court			M M / D D / Y Y Y Y
	Mailing Address /5 Drew Court			07 17 2006
	City	State	Zip Code	Transaction ID: 12790259
	<u>Springboro</u>	ОН	45066-8693	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	- Todorai pontical committee.			
	Name of Employer Grandview Hospital and Me-	Occupation	า	7
	dical Center	Vice Pres	sident, Finance	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	050.00	1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional))	750.00
\vdash	<u> </u>		•	-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 93
	ITEMIZED RECEIPTS		or each category of the	(check only one)
• • •	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Ms. Mary L. Gallagher			Date of Receipt
	Mailing Address 205 Fallis Road			07 17 2006
	City	State	Zip Code	Transaction ID: 12790264
	Columbus	OH	43214-3770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Ohio Hospital Association	Occupation Vice Pres	n sident & General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
ь	Full Name (Last, First, Middle Initial)			Date of Deceipt
В.	Mr. G. Douglas Douglas Higginbotham Mailing Address P O Box 607			Date of Receipt
	Walling Address F O Box 607			07 26 2006
	City	State	Zip Code	Transaction ID: 12795759
	Laurel	MS	39441-0607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer South Central Regional Me-	Occupation		
	dical Center	Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Other (Specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Jason Little			Date of Receipt
	Mailing Address P O Box 1307			07 26 2006
	City	State	Zip Code	Transaction ID: 12795762
	Columbus	MS	39703-1307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Baptist Memorial Hospital-	Occupation	1	
	Golden Trian	Administ	rator and Chief Executive Of	fi
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	1
s	UBTOTAL of Receipts This Page (optional))	925.00
\vdash	,			
Ιт	OTAL This Period (last page this line number of	nlv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 / 93
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally Lage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Eddie L. Foster			Date of Receipt
	Mailing Address 116 Woodgreen Crossi	ng		07 26 2006
	City	State	Zip Code	Transaction ID: 12795763
	Madison	MS	39110-4522	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer Mississippi Hospital Asso- ciation	Occupation Chief Ope	n erating Officer	
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	111		1
	Other (specify)		450.00	
В.	Full Name (Last, First, Middle Initial) Mr. Sam W. Cameron			Date of Receipt
	Mailing Address 28 Waterford Place			07 26 2006
	City	State	Zip Code	
	Jackson	MS	39211-2945	Transaction ID: 12795782
		IVIO	39211-2943	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer	Occupation	1	
	Mississippi Hośpital Asso- ciation		& Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750,00	1
	Other (specify)	0 0	750.00	
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt
٠.	Mr. Andrew Mayo Mailing Address 5241 Boswell Road			Date of Receipt
	Walling Address 5241 boswell hoad			07 26 2006
	City	State	Zip Code	Transaction ID: 12795798
	Memphis	TN	38120-1511	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			300.00
	Name of Employer Parkwood Behavioral Health	Occupation		
	System		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	500.00	
	Other (specify)	0 0		1
_	UDTOTAL (D. 11 THE D. 11 THE			1550.00
\vdash^{s}	UBTOTAL of Receipts This Page (optional)			
1				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 24/93	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b	11c 12
Δ.,	winformation against from such Departs and Ct	otomonto mo	, not be cold or upod by any nares	13 14	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
\angle				_	
Α.	Full Name (Last, First, Middle Initial) Mr. Jim Ainsworth			Date of Receipt	
Α.	Mailing Address 350 North Humphreys I	Roulevard		M M / D D	/ Y Y Y Y Y
	350 North Humphreys	Doulevalu		07 26	2006
	City	State	Zip Code	Transaction ID: 12	795799
	Memphis	TN	38120-2177	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				200.00
	Name of Employer Baptist Memorial Health	Occupation	1		
	Baptist Memorial Health Care Corporati	Vice Pres	sident		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		200.00		
_	Full Name (Last, First, Middle Initial)				
В.	Mr. Kurt W Metzner			Date of Receipt	
	Mailing Address 1225 North State Stree	t		M M / D D	/ Y Y Y Y
				07 26	2006
	City	State	Zip Code	Transaction ID: 12	
	Jackson	MS	39202-2064	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Mississippi Baptist Health	Occupation			
	System	1	t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		500.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. John J Cleary			Date of Receipt	
	Mailing Address 1030 River Oaks Drive			07 26	2006
	City	State	Zip Code	Transaction ID: 12	795813
	Jackson	MS	39232-9729	Amount of Each Re	
	FEC ID number of contributing				500.00
	federal political committee.	C			500.00
	Name of Employer	Occupation	 1		
	River Oaks Hospital		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	0 0	300.00		
	UBTOTAL of Receipts This Page (optional)				1250.00
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_T (OTAL This Period (last page this line number of	only)	>		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 93 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Al Sypniewski Mailing Address 100 Hospital Street			Date of Receipt 0 7 2 6 2 0 0 6
	City Booneville	State MS	Zip Code	Transaction ID: 12795816
	FEC ID number of contributing federal political committee.	C	38829-3359	Amount of Each Receipt this Period 250.00
	Name of Employer Baptist Memorial Hospital- Booneville Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		rator and Chief Executive Or Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Ms. Sherry J Pitts Mailing Address P O Box 4546			Date of Receipt
	City	State	Zip Code	07 26 2006 Transaction ID: 12796011
	Jackson	MS	39296-4546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Woman's Hospital at River Oaks	Occupation Administr	ator	
	federal political committee. Name of Employer Woman's Hospital at River	Occupation Administr		
- .	Name of Employer Woman's Hospital at River Oaks Receipt For: Primary General	Occupation Administr	rator Year-to-Date ▼	
- .	federal political committee. Name of Employer Woman's Hospital at River Oaks Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road	Occupation Administr Aggregate	rator Year-to-Date ▼ 250.00	Date of Receipt 0 7
D .	Name of Employer Woman's Hospital at River Oaks Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road City	Occupation Administr Aggregate	rator Year-to-Date ▼ 250.00 Zip Code	Date of Receipt 0 7 2 8 2 0 0 6 Transaction ID: 12800637
C .	federal political committee. Name of Employer Woman's Hospital at River Oaks Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road	Occupation Administr Aggregate	rator Year-to-Date ▼ 250.00	Date of Receipt 0 7
C .	federal political committee. Name of Employer Woman's Hospital at River Oaks Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road City Langhorne FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association	Occupation Administr Aggregate State PA C Occupation Vice Pres	Zip Code 19047-2306 Total dident, Human Resources	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	federal political committee. Name of Employer Woman's Hospital at River Oaks Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road City Langhorne FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Assoc-	Occupation Administr Aggregate State PA C Occupation Vice Pres	Zip Code 19047-2306	Date of Receipt M M M / D D A 28 2006 Transaction ID: 12800637 Amount of Each Receipt this Period
S.	federal political committee. Name of Employer Woman's Hospital at River Oaks Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road City Langhorne FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General	State PA C Occupation Vice Pres Aggregate	Zip Code 19047-2306 Tident, Human Resources Year-to-Date ▼ 210.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)		Llan congrete ashedula(s)	FOR LINE NUMBER: PAGE 26/	93
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
11	LIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12	
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee).
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Al Maghazehe			Date of Receipt	
	Mailing Address 750 Brunswick Avenue			07 28 7 200	
	City	State	Zip Code	Transaction ID: 12800647	
	Trenton	NJ	08638-4143	Amount of Each Receipt this Period	d
	FEC ID number of contributing federal political committee.	C		1500.	00
	Name of Employer Capital Health System	Occupation Chief Exe	n ecutive Officer	1	
	Receipt For:		e Year-to-Date ▼		
	Primary General		1500.00		
	Other (specify)		0 0 0 0 0 0		
3.	Full Name (Last, First, Middle Initial) Mr. John J. Dawidowski			Date of Receipt	
	Mailing Address 17 Brookshire Drive			07 28 7 200	
	City	State	Zip Code	Transaction ID: 12800659	
	Robbinsville	NJ	08691-2554	Amount of Each Receipt this Period	d
	FEC ID number of contributing federal political committee.	С		15.	00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice Pres	n sident & General Manager		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		210.00		
	☐ Other (specify) ▼		0 0 0 0 0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Guy P. Evans			Date of Receipt	
	Mailing Address 41 Manitto Place			07 28 7 200	
	City	State	Zip Code	Transaction ID: 12800660	
	Oceanport	NJ	07757-1510	Amount of Each Receipt this Period	d
	FEC ID number of contributing federal political committee.	C		15.	00
	Name of Employer New Jersey Hospital Assoc-	Occupation			
	iation	Vice Pres			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		210.00		
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T	OTAL This Period (last page this line number of	nly)			

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SCHEDULE A (FEC Form 3X)			Lla a concreta a chadula(a)	FOR LINE NUMBER: PAGE 27 / 93		
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)		
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or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	rnot be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. David P. Lavins			Date of Receipt		
	Mailing Address 10 Fox Chase Road			07 28 2006		
	City	State	Zip Code	Transaction ID: 12800677		
	Malvern	PA	19355-3441	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		15.00		
	Name of Employer New Jersey Hospital Assoc- iation		ancial Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		460.00			
— В.	Full Name (Last, First, Middle Initial) Ms. Stephanie L Bloom			Date of Receipt		
	Mailing Address 1140 Route 72 West			07 28 2006		
	City	State	Zip Code	Transaction ID: 12800730		
	Manahawkin	NJ	08050-2499	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Southern Ocean County Hos-	Occupation				
	pital Receipt For:		erating Officer Year-to-Date	_		
	Primary General Other (specify) ▼	riggregate	250.00			
	Full Name (Last, First, Middle Initial)					
C.	Mr. Sean J. Hopkins			Date of Receipt		
	Mailing Address 6180 Lower Mountain R	oad		07 28 2006		
	City	State	Zip Code	Transaction ID: 12800731		
	New Hope	PA	18938-5760	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		35.42		
	Name of Employer New Jersey Hospital Assoc- iation	+	Health Economics			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		253.34			
s	UBTOTAL of Receipts This Page (optional)			300.42		
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 93 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC						
۹.	Full Name (Last, First, Middle Initial) Ms. Ellen Atkins Mailing Address 50 Grandview Place			Date of Receipt			
	City	State	Zip Code	0 7 2 8 2 0 0 6 Transaction ID: 12800740			
	North Caldwell	NJ	07006-4709	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Newark Beth Israel Medical Center	Occupation Director					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
3.	Full Name (Last, First, Middle Initial) Mr. Chester B Kaletkowski			Date of Receipt			
	Mailing Address 23 Winding Way	07 28 2006					
	City	State	Zip Code	Transaction ID: 12800750			
	Mullica Hill FEC ID number of contributing federal political committee.	C	08062-2511	Amount of Each Receipt this Period 500.00			
	Name of Employer South Jersey Healthcare	Occupation		-			
	Receipt For:		t and Chief Executive Officer Year-to-Date T				
	Primary General Other (specify) ▼	Aggregate	500.00				
	Full Name (Last, First, Middle Initial) Mr. Paul A Mertz			Date of Receipt			
	Mailing Address 201 Lyons Avenue			07 28 7 2006			
	City	State	Zip Code	Transaction ID: 12800753			
	Newark	NJ	07112-2027	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Newark Beth Israel Medical Center	Occupation	e Director				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
S	SUBTOTAL of Receipts This Page (optional)						
T	OTAL This Period (last page this line number or	nly)					

COUEDINE A /EEC Form OV)				FOR LINE NUMBER: PAGE 29 / 93	
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
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or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	r not be sold or used by any person dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Frank J Bartell, , III			Date of Receipt	
	Mailing Address 5901 Monclova Road			07 17 2006	
	City	State	Zip Code	Transaction ID: 12803500	
	Maumee	OH	43537-1899	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer St. Luke's Hospital		t and Chief Executive Officer		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00		
— В.	Full Name (Last, First, Middle Initial) Dr. Roy G Chew, , Ph.D.			Date of Receipt	
	Mailing Address 405 Grand Avenue	0 7 1 7 2 0 0 6			
	City	Transaction ID: 12803501			
	Dayton	ОН	45405-4720	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Grandview Hospital and Me- dical Center	Occupation President	t		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
_	Full Name (Last, First, Middle Initial)			'	
C.	Mr. Peter J. King			Date of Receipt	
	Mailing Address 1317 Observatory Drive	!		07 17 2006	
	City	State	Zip Code	Transaction ID: 12803502	
	Cincinnati	OH	45208-2503	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
	Name of Employer Grandview Hospital and Medical Center Receipt For: Primary General		n sident, Finance & Operations Year-to-Date ▼		
	Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)			750.00	
1					

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 30 / 93
•			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
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Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		name and add	aress or any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Ronald Klein			Date of Receipt
	Mailing Address 647 E Street, Rt. 73			07 17 2006
	City	State	Zip Code	Transaction ID: 12803503
	Springboro	ОН	45066	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Kettering Medical Center-	Occupation Administr		
	Network Receipt For:	-	Year-to-Date ▼	\dashv
	Primary General	7 199. 094.10		1
	Other (specify) ▼		250.00	
				-
В.	Full Name (Last, First, Middle Initial) Mr. Fred M Manchur			Date of Receipt
	Mailing Address 3535 Southern Bouleva	M M / D D / Y Y Y Y		
		07 17 2006		
	City	State	Zip Code	Transaction ID: 12803504
	Kettering	OH	45429-1298	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	•			
	Name of Employer Charles F. Kettering Memo-	Occupation		
	rial Hospital	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)	, ,	250.00	
	Other (specify)	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Francisco J Perez, , FACHE			Date of Receipt
٥.	Mailing Address 3965 Southern Bouleva	rd		M M / D D / Y Y Y Y
				07 17 2006
	City	State	Zip Code	Transaction ID: 12803505
	Dayton	OH	45429-1229	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		250.00
	Name of Employer Kettering Medical Center-	Occupation		
	Network		Chief Executive Officer	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			1
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,	UBTOTAL of Receipts This Page (optional)			750.00
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21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 31/93
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Garrinally Fage	13 14	15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of solici	ting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
٩.	Full Name (Last, First, Middle Initial) Mr. Thomas A. Selden			Date of Receipt	
	Mailing Address 8140 Creekside Trace	M M / D D D D D D D D D D D D D D D D D	2006		
	City	State	Zip Code		
	City Broadview Heights	OH	·	Transaction ID: 12	
	-	OH	44147-1365	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Cleveland Clinic Health	Occupation	n t & Chief Executive Officer	1	
	System Receipt For:		Year-to-Date ▼		
	Primary General	7 .gg. 0ga.c		1	
	Other (specify) ▼		250.00		
 3.	Full Name (Last, First, Middle Initial) Mr. Troy A. Tyner, DO			Date of Receipt	
•	Mailing Address 1181 Grand Portage Tra	M M / D D	/ Y		
	mamig ricarsos Trot Grand Fortage Tra	07 17	2006		
	City	Transaction ID: 12	2803507		
	Beavercreek	OH	45385	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				250.00
	federal political committee.	C			250.00
	Name of Employer	Occupation	 n		
	Grandview Medical Center		P. Medical Affairs		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)	0 0	250.00		
).	Full Name (Last, First, Middle Initial) Ms. Michelle Waggoner			Date of Receipt	
	Mailing Address 224 West Townline Stre	et		M M / D D	/ Y Y Y Y Y
				07 17	2006
	City	State	Zip Code	Transaction ID: 12	
	Payne	OH	45880-9432	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer	Occupation	n	\dashv	
	Community Memorial Hospit- al	Chief Op	erating Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1	250.00	1	
	Other (specify)	1 1	200.00	1	
S	UBTOTAL of Receipts This Page (optional)				750.00
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Т	OTAL This Period (last page this line number or	nly)			

COUEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 32 / 93	
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
۸r	ny information copied from such Reports and Sta	atomonte may	y not be cold or used by any perc		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Russell Wetherell			Date of Receipt	
	Mailing Address 405 Grand Avenue	07 17 2006			
	City	State	Zip Code	Transaction ID: 12803509	
	Dayton	OH	45405-4796	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Grandview Hospital and Medical Center Receipt For: Primary General Other (specify)		n esident Finance and Operati Year-to-Date ▼ 250.00	ons]	
— В.	Full Name (Last, First, Middle Initial) Mr. Shawn Smothers			Date of Receipt	
	Mailing Address 317 First Avenue, NW P. O. Box 697	07 07 2006			
	City	State	Zip Code	Transaction ID: 12805758	
	Kenmare	ND	58746-7104	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Trinity Health	Occupation Administr			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Michelle Waggoner			Date of Receipt	
	Mailing Address 224 West Townline Stre	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 12818762	
	Payne	OH	45880-9432	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		6.25	
	Name of Employer Community Memorial Hospit- al		erating Officer		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 256.25		
s	UBTOTAL of Receipts This Page (optional)			756.25	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 93
ITEMIZED RECEIPTS			or each category of the	(check only one)
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				13 14 15 16 17
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Mary Beth Savary-Taylor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	l		07 / 31 / 2006
	City	State	Zip Code	Transaction ID: 12818789
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer American Hospital Associa-	Occupation	า	
	American Hospital Associa- tion-Washingt	Vice Pres	sident	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Anil Godbole, MD., S.C.			Date of Receipt
	Mailing Address 8 Timberline Lane	07 31 YYYY 2006		
	City State Zip Code			Transaction ID: 12818790
	Riverwoods	IL	60015-2443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Advocate Bethany Hospital	Occupation	n n, Dept. of Psychiatry	
	Receipt For:	-	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. George Gerlach			Date of Receipt
	Mailing Address 345 Tenth Avenue	07 31 YYYYY 2006		
	City	State	Zip Code	Transaction ID: 12820135
	Granite Falls	MN	56241-1499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00	
	Name of Employer	Occupation		7
	Granite Falls Municipal Hospital and M	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		375.00	
	Other (specify)	0 0	3/3.00	
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				875.00
S	UBTOTAL of Receipts This Page (optional)		>	673.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 93	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI LIMIZED TIEGEN 10			Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Δr	y information copied from such Reports and St	atements may	y not be sold or used by any perso		
or	for commercial purposes, other than using the	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. James F Hanko			Date of Receipt	
	Mailing Address 1300 Anne Street NW			07 31 2006	
	City	State	Zip Code	Transaction ID: 12820145	
	Bemidji	MN	56601-5103	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		45.45	
	Name of Employer North Country Regional Ho- spital	Occupation President	n t and Chief Executive Office	-	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		643.95	1	
	Other (specify)	0 0	043.93		
В.	Full Name (Last, First, Middle Initial) Mr. David K Wessner			Date of Receipt	
	Mailing Address 6500 Excelsior Bouleva	rd		07 31 YYYY 2006	
	City	State	Zip Code	Transaction ID: 12820153	
	Saint Louis Park	MN	55426-4702	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Park Nicollet Health Serv- ices	Occupation President	n t and Chief Executive Office		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Lawrence J Massa			Date of Receipt	
	Mailing Address 301 Becker Avenue SW	1		M M / D D / Y Y Y Y	
	City	Stata	Zin Codo	07 31 2006	
	Willmar	State Zip Code MN 56201-3395		Transaction ID: 12820155 Amount of Each Receipt this Period	
	FEC ID number of contributing	C	00201 0000		
	federal political committee.			250.00	
	Name of Employer Rice Memorial Hospital	Occupation Chief Exe	n ecutive Officer		
Receipt For: Primary General A		Aggregate	Year-to-Date ▼		
		1 1	500.00	1	
	Other (specify) 🔻				
s	UBTOTAL of Receipts This Page (optional)	795.45			
H			•		
T	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35/93		
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI LIMIZED RECEIF 13			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	47
Δ.,	winformation against from such Departs and Ct	atamanta ma	, not be cold or used by any pares		17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		• •		
$ \rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
Α.	Mr. Dennis C Miley			Date of Receipt	
	Mailing Address 415 North Jefferson Str	eet		07 31 2006	
	City	State	Zip Code	Transaction ID: 12820158	
	Wadena	MN	56482-1297	Amount of Each Receipt this Period	
	FEC ID number of contributing		00.02.120.		т.
	federal political committee.	C		125.00	
		1-			Ξ.
	Name of Employer Tri-County Hospital	Occupation			
	Receipt For:	Administ	rator e Year-to-Date ▼		
	Primary General	Aggregate	rtear-to-Date V		
	Other (specify)		250.00		
			0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
В.	Ms. Linda Robertson			Date of Receipt	
	Mailing Address 901 South Bond Street	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Suite 540 City	State	Zip Code		
	·		•	Transaction ID: 12820276	
		IVID	21231-3305	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		500.00	
					_
	Name of Employer Johns Hopkins Hospital	Occupation			
			t, Community and Public Affa	uir -	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		500.00		
	Cure (epochy) 🔻				
_	Full Name (Last, First, Middle Initial)				
C.	Mr. M. James Kaufman			Date of Receipt	
	Mailing Address 600 North Wolfe Street			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	Ctoto	7in Codo		
	City Baltimore	State MD	Zip Code	Transaction ID: 12820283	
		IVID	21287-2182	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		250.00	
	rederal political committee.				_
	Name of Employer Johns Hopkins Hospital	Occupation			
			Government Relations		
	Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼			250.00		
	Curior (openity)	0 0			
			_		
s	UBTOTAL of Receipts This Page (optional)	875.00			
\vdash					Ŧ
T	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3)	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 93
ITEMIZED RECEIPTS		or each category of the	(check only one)
TEMIZED RESEIT 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports all or for commercial purposes, other than using	nd Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	The hame and add	diess of any political committee to	Solicit Contributions from Such Continues.
American Hospital Association PA	C		
Full Name (Last, First, Middle Initial)			
Mr. James J Xinis			Date of Receipt
Mailing Address 100 Hospital Road			07 31 7 2006
City	State	Zip Code	Transaction ID: 12820286
Prince Frederick	MD	20678-9675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Calvert Memorial Hospital	Occupation Presiden	n t and Chief Executive Officer	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	400.00	
Full Name (Last, First, Middle Initial) 3. Ms. Jacquelyn Harms, , R.N.			Date of Receipt
Mailing Address P O Box 1207			07 28 2006
City	State	Zip Code	Transaction ID: 12823720
<u>Durant</u>	OK	74702-1207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Medical Center of Southea-	Occupation		
stern Oklahom		ecutive Officer	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) . Mr. James D Moore, , FACHE	1		Date of Receipt
Mailing Address 1201 Health Center	Parkway		07 28 2006
City	State	Zip Code	Transaction ID: 12823723
Yukon	OK	73099-6392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer INTEGRIS Canadian Valley	Occupation	n	7
Regional Hosp	Administ		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional	al)		900.00
		·	
TOTAL This Period (last page this line num	ber only)	>	

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 93
ITEMIZED RECEIPTS		or each category of the		(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John T Porter			Date of Receipt
	Mailing Address P O Box 38			07 31 7 2006
	City	State	Zip Code	Transaction ID: 12824180
	Yankton	SD	57078-0038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Avera Health	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		375.00	
	Other (specify)	0 0	373.00	
В.	Full Name (Last, First, Middle Initial) Dr. Terence Pladson, , M.D.			Date of Receipt
	Mailing Address 1406 Sixth Avenue North	07 31 7 2006		
	City	State	Zip Code	Transaction ID: 12824182
	Saint Cloud	MN	56303-1900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer CentraCare Health System	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	500.00	
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Alan L Goldbloom, , M.D.			Date of Receipt
	Mailing Address 2525 Chicago Avenue South			07 31 YYYYY 2006
	City	State	Zip Code	Transaction ID: 12824183
	Minneapolis	MN	55404-4518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Children's Hospitals and Clinics of Mi	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:		e Year-to-Date ▼	
	Primary General			
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			875.00
1 -	1			

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 38/93	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b	11c 12
Δ.,	winformation against from such Departs and Ct	otomonto mo	, not be cold or used by any name	n for the numbers of collect	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)		• •		
$ \rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
Α.	Mr. James F Hanko			Date of Receipt	
	Mailing Address 1300 Anne Street NW			07 31	2006
	City	State	Zip Code	Transaction ID: 12	
	Bemidji	MN	56601-5103	Amount of Each Re	
	FEC ID number of contributing		1 1 1 1 1 1	7 Amount of Edon He	1 1 1 1
	federal political committee.	C			45.45
		1-			
	Name of Employer North Country Regional Ho-	Occupation			
	spital		t and Chief Executive Officer Year-to-Date V	_	
	Receipt For: Primary General	Aggregate	rtear-to-Date V		
	Other (specify)		689.40		
			0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
В.	Mr. Thomas Crowley			Date of Receipt	
	Mailing Address 1200 Grant Boulevard \	West		0 7 3 1	2006
	City	Ctoto	Zip Code		
	City	State MN	·	Transaction ID: 12	
	Wabasha	IVIIN	55981-1098	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Saint Elizabeth's Medical	Occupation			
	Center		t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
	Care (openily) V	0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Steve Perkins			Date of Receipt	
	Mailing Address 305 East Luverne Stree	et		0 7 3 1	2006
	City	Ctoto	7in Codo		
	City	State MN	Zip Code	Transaction ID: 12	
	Luverne	IVIIN	56156-1611	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Sioux Valley Luverne Hosp-	Occupation			
	<u>ital</u>	Board Ch			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)		250.00		
	Canor (opcomy) 🔻				
s	UBTOTAL of Receipts This Page (optional)				420.45
\vdash					
T	OTAL This Period (last page this line number of				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 93 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		· · ·	
Α.	Full Name (Last, First, Middle Initial) Mr. Alan Grundei Mailing Address 1830 Peony Lane North City Plymouth FEC ID number of contributing federal political committee.	State MN	Zip Code 55447-2654	Date of Receipt 7 7 3 1 2 0 0 6 Transaction ID: 12824194 Amount of Each Receipt this Period
	Name of Employer Integrated Health Systems- Dairyland Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Aggregate		
3.	Full Name (Last, First, Middle Initial) Mr. David W Cress Mailing Address 3300 Oakdale Avenue N	orth		Date of Receipt 0 7
	City	State	Zip Code	Transaction ID: 12824200
	Robbinsdale FEC ID number of contributing federal political committee.	C	55422-2926	Amount of Each Receipt this Period 250.00
	Name of Employer North Memorial Health Care	Occupation President	n t and Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
D.	Full Name (Last, First, Middle Initial) Mr. Rocklon B. Chapin			Date of Receipt
	Mailing Address 502 East Second Street			07 31 7 2006
	City Duluth	State MN	Zip Code	Transaction ID: 12824210
	FEC ID number of contributing federal political committee.	C	55805-1982	Amount of Each Receipt this Period 500.00
	Name of Employer Miller-Dwan Medical Center	Occupation Vice Pres	n sident & COO	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Llac concrete achadula(a)	FOR LINE NUM	
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
	EMIZED RECEIPTS		Detailed Summary Page		11b 11c 12
_					14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of solicit contribution	of soliciting contributions is from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71		
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine			Date of Rece	eipt
	Mailing Address 12675 Riviera Heights F			07	31 2006
	City	State	Zip Code		ID: 12826370
	Holts Summit	MO	65043-2039	Amount of E	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			111.12
	Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice	n President, Government Relat	iq	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	777.84		
 3.	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Rece	eipt
	Mailing Address 5612 Tanner Bridge Ro	ad		0 7 /	3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction	ID: 12826382
	Jefferson City	MO	65101-8275	Amount of E	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			111.12
	Name of Employer Missouri Hospital Associa-	Occupation			
	tion		t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.	
	Other (specify)		777.84		
— Э.	Full Name (Last, First, Middle Initial) Mr. James H. Ross			Date of Rece	eipt
	Mailing Address 2900 West Picket Post	Street		07	31 2006
	City	State	Zip Code	Transaction	ID: 12826609
	Columbia	MO	65203-9581	Amount of E	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer University of Missouri He-	Occupation	n	7	
	alth Care		ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)				722.24
			·		
T	OTAL This Period (last page this line number o	nly)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 93					
ITEMIZED RECEIPTS			or each category of the	(check only one)				
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12	1 4 -			
Δ	winformation and transmit Departs and Ch			13 14 15 16	17			
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
$ \rangle$	American Hospital Association PAC							
	Full Name (Last, First, Middle Initial)							
Α.	Mr. Edward Andersen			Date of Receipt				
	Mailing Address 100 East LeFevre Road	d		07 31 2006				
	City	State	Zip Code	Transaction ID: 12849417				
	Sterling	IL	61081-1279	Amount of Each Receipt this Period				
	FEC ID number of contributing		1 1 1 1 1 1 1					
	federal political committee.	C		250.00				
	·							
	Name of Employer CGH Medical Center	Occupation						
	Receipt For:		t and Chief Executive Officer e Year-to-Date ▼	_				
	Primary General	Aggregate	rear-to-Date V					
	Other (specify)		250.00					
			0 0 0 0 0 0 0					
	Full Name (Last, First, Middle Initial)							
В.	Mr. Daniel E Baker			Date of Receipt				
	Mailing Address 800 NE Glen Oak Aver	nue		07 31 2006				
	City	Ctoto	Zip Code					
	City	State IL	•	Transaction ID: 12849419				
	Peoria	IL.	61603-3200	Amount of Each Receipt this Period	-			
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer OSF Healthcare System	Occupation						
	· · · · · · · · · · · · · · · · · · ·		ancial Officer					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼					
	Other (specify)		250.00					
	Care (epocary) •	0 0	0 0 0 0 0 0 0					
_	Full Name (Last, First, Middle Initial)							
C.	Mr. Brad Billings			Date of Receipt				
	Mailing Address 722 Eagle Trace			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City.	Ctata	7:n Codo	07 31 2006				
	City Quincy	State IL	Zip Code	Transaction ID: 12849421				
		IL.	62305-6201	Amount of Each Receipt this Period	-			
	FEC ID number of contributing federal political committee.	C		300.00				
	Name of Employer Blessing Hospital	Occupation						
		Administ		_				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify)		300.00					
	Cutor (openity)	0 0	0 0 0 0 0 0 0					
					_			
s	UBTOTAL of Receipts This Page (optional)			800.00				
\vdash								
T	OTAL This Period (last page this line number of	only)	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 42 / 93 (check only one)
_			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta ior commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
^ A .	Full Name (Last, First, Middle Initial) Ms. Deborah Brantner Mailing Address 1013 Twisted Oak Court			Date of Receipt
		State	Zip Code	07 31 2006
	City Algonquin	IL	60102-2055	Transaction ID: 12849422 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Centegra Northern Illinois Medical Cen	Occupation Administr	rator	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Leo F Childers, , Jr., FAC			Date of Receipt
	Mailing Address 605 North 12th Street			07 31 2006
	City Mount Vorner	State	Zip Code	Transaction ID: 12849424
	Mount Vernon FEC ID number of contributing federal political committee.	C	62864-2899	Amount of Each Receipt this Period 500.00
	Name of Employer Good Samaritan Regional Health Center	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
).	Full Name (Last, First, Middle Initial) Mr. Michael S Eesley			Date of Receipt
	Mailing Address 527 West South Street			07 31 7 2006
	City McHenry	State IL	Zip Code 60051-8660	Transaction ID: 12849427 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Centegra Health System	Occupation President	n t and Chief Executive Office	r
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)			1250.00
т/	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 93
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED REGEII 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	ny information copied from such Reports and Sta	atements may	not he sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
^	Full Name (Last, First, Middle Initial) Mr. Richard B Floyd			Date of Receipt
Α.	Mailing Address 934 Center Street			M M / D D / Y Y Y Y
				07 31 2006
	City	State	Zip Code	Transaction ID: 12849429
	Elgin	IL	60120-2198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Sherman Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			
В.	Full Name (Last, First, Middle Initial) Mr. David S. Fox			Date of Receipt
	Mailing Address 3815 HIghland Avenue			07 31 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12849430
	Downers Grove	IL	60515-1500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Central DuPage Hospital	Occupation		
		-1	ecutive Officer	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			Data of Bassist
C.	Mr. Van A Hanover Mailing Address 801 S Milwaukee Avenu			Date of Receipt
	Walling Address 801 S Will Wallkee Averily	ie		07 31 2006
	City	State	Zip Code	Transaction ID: 12849433
	Libertyville	IL	60048-3199	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Condell Medical Center	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	250.00	
	Other (specify)		200.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash				
т	OTAL This Period (last page this line number o	nly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 93 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	solicit contributions from such committee.
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Forrest G Hester Mailing Address Post Office Box 569			Date of Receipt
				07 31 2006
	City	State II	Zip Code	Transaction ID: 12849435
	<u>Lincoln</u>	IL.	62656-0569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Abraham Lincoln Memorial Hospital		t and Chief Executive Office	,
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Barbara Johnson			Date of Receipt
	Mailing Address One North Franklin			07 31 7 2006
	City	State	Zip Code	Transaction ID: 12849436
	Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago Receipt For:		Executive Services e Year-to-Date ### Texas	-
	Primary General Other (specify) ▼	99.19	250.00	
).	Full Name (Last, First, Middle Initial) Mr. John Jurica			Date of Receipt
	Mailing Address 325 Rock Creek Drive			07 31 7 2006
	City	State II	Zip Code	Transaction ID: 12849439
	Manteno	IL.	60950-3470	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Riverside Medical Center		ecutive Officer	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		250.00	
S	JBTOTAL of Receipts This Page (optional)			750.00
т/	OTAL This Period (last page this line number o	nlv)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 93 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Maureen A. Kahn			Date of Receipt
	Mailing Address 812 Springlake Drive			07 31 7 2006
	City	State	Zip Code	Transaction ID: 12850601
	Quincy	IL	62301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		245.00
	Name of Employer Blessing Hospital	Occupation Presiden	n t & Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	245.00	
3.	Full Name (Last, First, Middle Initial) Ms. Colleen Kannaday, , FACHE			Date of Receipt
	Mailing Address 12935 South Gregory S	treet		07 31 7 2006
	City	State	Zip Code	Transaction ID: 12850604
	Blue Island	IL	60406-2428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Francis Hospital & He- alth Center	Occupation Presiden		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
				"
 C.	Full Name (Last, First, Middle Initial) Mr. Robert W Kay			Date of Receipt
D.	,			07 31 2006
D .	Mr. Robert W Kay Mailing Address 701 North First Street City	State	Zip Code	0 7 3 1 2 0 0 6 Transaction ID: 12850605
D .	Mr. Robert W Kay Mailing Address 701 North First Street City Springfield	State IL	Zip Code 62781-0001	07 31 2006
C .	Mr. Robert W Kay Mailing Address 701 North First Street City		•	0 7 3 1 2 0 0 6 Transaction ID: 12850605
С.	Mr. Robert W Kay Mailing Address 701 North First Street City Springfield FEC ID number of contributing federal political committee. Name of Employer Memorial Health System	C Occupation	62781-0001	Transaction ID: 12850605 Amount of Each Receipt this Period 260.00
D .	Mr. Robert W Kay Mailing Address 701 North First Street City Springfield FEC ID number of contributing federal political committee.	C Occupation Senior Vi	62781-0001 n ce President and Chief Fina Year-to-Date ▼	Transaction ID: 12850605 Amount of Each Receipt this Period 260.00
C .	Mr. Robert W Kay Mailing Address 701 North First Street City Springfield FEC ID number of contributing federal political committee. Name of Employer Memorial Health System Receipt For:	C Occupation Senior Vi	62781-0001 n ce President and Chief Fina	Transaction ID: 12850605 Amount of Each Receipt this Period 260.00
S.	Mr. Robert W Kay Mailing Address 701 North First Street City Springfield FEC ID number of contributing federal political committee. Name of Employer Memorial Health System Receipt For: Primary General	Occupation Senior Vi Aggregate	62781-0001 n ce President and Chief Fina Year-to-Date ▼ 260.00	Transaction ID: 12850605 Amount of Each Receipt this Period 260.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 46 / 93		
•		Use separate schedule(s) or each category of the		(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Dotailed Carifficacy Fage	13 14 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Dr. Wayne M Lerner, DPH			Date of Receipt		
	Mailing Address 1025 Glenview Road			07 31 2006		
	City	State	Zip Code	Transaction ID: 12850608		
	Glenview	IL	60025-3134	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Rehabilitation Institute	Occupation	n t and Chief Executive Officer			
	of Chicago Receipt For:		Year-to-Date ▼			
	Primary General	7.99.094.0		1		
	Other (specify) ▼		500.00			
				4		
В.	Full Name (Last, First, Middle Initial) Ms. Barbara Martin			Date of Receipt		
	Mailing Address 1324 North Sheridan Ro	oad		07 31 2006		
	City	State	Zip Code	Transaction ID: 12850610		
	Waukegan	IL	60085-2161	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		357.50		
	Name of Employer Vista Medical Center West	Occupation Chief Exe	n ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General			1		
	Other (specify)		857.50			
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Mary Lou Mastro			Date of Receipt		
	Mailing Address 852 West Street			07 31 YYYY 2006		
	City	State	Zip Code	Transaction ID: 12850612		
	Naperville	IL	60540-6400	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		325.00		
	Name of Employer Linden Oaks Hospital at Edward	Occupation Chief Exe	n ecutive Officer			
	Receipt For:		Year-to-Date ▼			
	Primary General	33 -3-10		1		
	Other (specify) ▼		325.00			
s	UBTOTAL of Receipts This Page (optional)		_	1182.50		
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TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 93 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Michael McKenna, , M.D. Mailing Address 3815 Highland Avenue City Downers Grove FEC ID number of contributing federal political committee. Name of Employer Advocate Good Samaritan Hospital Receipt For: Primary General Other (specify)		Zip Code 60515-1590 n sident Medical Management e Year-to-Date 250.00	Date of Receipt M M M
3.	Full Name (Last, First, Middle Initial) Mr. Dennis C Millirons, , CHE Mailing Address 801 S Milwaukee Avenu City Libertyville FEC ID number of contributing federal political committee. Name of Employer Condell Medical Center Receipt For: Primary General Other (specify)	State IL C Occupation President	Zip Code 60048-3204 n t and Chief Executive Officer e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Mr. Keith Allen Page Mailing Address 6800 State Route 162 City Maryville FEC ID number of contributing federal political committee. Name of Employer Anderson Hospital Receipt For: Primary General Other (specify)		Zip Code 62062-8500 n t and Chief Executive Officer e Year-to-Date ▼ 250.00	Date of Receipt M M J Z D D Z D Z D D Z D D Z D D D Z D
s	UBTOTAL of Receipts This Page (optional))	1000.00
T	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 48 / 93
· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Mark Parrington			Date of Receipt
	Mailing Address 1999 Broadway Suite 2600			07 31 2006
	City	State	Zip Code	Transaction ID: 12850619
	Denver	CO	80202-3025	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Catholic Health Initiativ-	Occupation	n sident, Strategic Transaction	
	es, Receipt For:		Year-to-Date ∇	^
	Primary General	7.99.094.0		
	Other (specify) ▼		250.00	
			0 0 0 0 0 0 0	'
В.	Full Name (Last, First, Middle Initial) Mr. Ernie W. Sadau			Date of Receipt
	Mailing Address 605 South Grant Street			M M / D D / Y Y Y Y
				07 31 2006
	City	State	Zip Code	Transaction ID: 12850621
	Hinsdale	<u>IL</u>	60521-4453	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Adventist Health System	Occupation	1	
	Midwest Region	President	t and CEO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	Mr. James M. Sanger Mailing Address 20 Clear Lake			Date of Receipt
	Walling Address 20 Clear Lake			07 31 2006
	City	State	Zip Code	Transaction ID: 12850622
	Centralia	<u>IL</u>	62801-3720	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer St. Mary's Hospital	Occupation		
			t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼			
1.				1000.00
Ls	UBTOTAL of Receipts This Page (optional)		······	1000.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 93	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12
Δ,	by information popied from auch Bonorta and Stateme	nto mo	, not be cold or used by any parce	13 14 15 16 17
or	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	and add	rnot be sold of used by any perso dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle	·			
Α.	Full Name (Last, First, Middle Initial) Ms. Connie L Schroeder			Date of Receipt
Α.	Mailing Address 640 West Washington Stree	.+		M M / D D / Y Y Y Y
	Washing Address 640 West Washington Stree	; L		07 31 2006
	City	State	Zip Code	Transaction ID: 12850623
	Pittsfield II	<u>L</u>	62363-1350	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	<u> </u>		230.00
	Name of Employer Oc	cupation	1	1
	Illini Community Hospital Ch	ief Exe	ecutive Officer	
		gregate	Year-to-Date ▼	
	Primary General	1	250.00	
	Other (specify) ▼	0 0		
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1225 Lake Street			07 31 2006
	City S	State	Zip Code	Transaction ID: 12850624
	Melrose Park		60160-4000	Amount of Each Receipt this Period
	EEO ID work and contribution		1 1 1 1 1 1 1	
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer			
	Wastlaka Hospital	cupation	ecutive Officer	
			Year-to-Date ▼	
	Primary General	3 -3		
	Other (specify) ▼		500.00	
_				
C.	Full Name (Last, First, Middle Initial) Mr. Harry Wolin			Date of Receipt
•	Mailing Address P O Box 530			M M / D D / Y Y Y Y
				07 31 2006
	•	state	Zip Code	Transaction ID: 12850629
	Havana II	_	62644-0530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			250.00
	federal political committee.			
	Macon Dietriot Locaital	cupation		
	Au		rator and Chief Executive Off	<u>i </u>
	Receipt For: Ag	ggregate	Year-to-Date ▼	
	Other (specify)		500.00	
		0 0		
	'			4000.00
s	UBTOTAL of Receipts This Page (optional)		<u> </u>	1000.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 93
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δn	y information copied from such Reports and Sta	otomonte may	unot be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Kathleen C Yosko			Date of Receipt
	Mailing Address P O Box 795			07 31 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12850631
	Wheaton	<u>IL</u>	60189-0795	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Marianjoy Rehabilitation Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	8 8 8 8 8 8	
3.	Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke			Date of Receipt
	Mailing Address 800 North Rutledge Stre	eet		07 31 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12853049
	Springfield	IL	62781-0002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Memorial Health System	Occupation President	n t & Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		510.00	1
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Ms. Connie L Schroeder			Date of Receipt
	Mailing Address 640 West Washington S	Street		M M / D D / Y Y Y Y
	-			07 31 2006
	City Pittsfield	State II	Zip Code	Transaction ID: 12864667
		IL.	62363-1350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2.50
	Name of Employer Illini Community Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		252.50	1
	Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)			262.50
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- 1	OTAL This Period (last page this line number or	ш у)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 93 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Stat	tements may	not be sold or used by any person	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Elena Butkus			Date of Receipt
	Mailing Address 1151 E. Warrenville Roa			07 31 2006
	City	State	Zip Code	Transaction ID: 12865522
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice Pres	n sident, Finance	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	387.50	
3.	Full Name (Last, First, Middle Initial) Mr. Mark Deaton			Date of Receipt
	Mailing Address 740 North Hayes			07 31 7 2006
	City	State	Zip Code	Transaction ID: 12865527
	Oak Park	IL	60302-1706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.02
	Name of Employer Illinois Hospital Associa- tion	Occupation Sr. VP, G	n General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	258.35	
 Э.	Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco			Date of Receipt
	Mailing Address 1151 East Warrenville R	load		07 31 7 2006
	City	State	Zip Code	Transaction ID: 12865528
	Naperville	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Director (n of Development	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		387.50	
SI	JBTOTAL of Receipts This Page (optional)			1000.02
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S	CHEDULE A (FEC Form 3X)		Harananaharahad Is/a)	FOR LINE NUMBER: PAGE 52 / 93	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	onot be sold or used by any persol ress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.	
abla	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Brian Foster			Date of Receipt	
	Mailing Address 1151 E. Warrenville Rd. PO Box 3015			07 31 2006	
	City	State	Zip Code	Transaction ID: 12865538	
	Naperville IL		60563-9339	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.02	
	Name of Employer Illinois Hospital Associa-	Occupation Vice Pres			
	tion Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	0 0	258.36		
В.	Full Name (Last, First, Middle Initial) Ms. Ann C. Guild			Date of Receipt	
	Mailing Address 1151 E. Warrenville Rd. PO Box 3015			07 31 2006	
	City	State	Zip Code	Transaction ID: 12865541	
	Naperville	IL	60563-9339	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.02	
	Name of Employer Illinois Hospital Associa-	Occupation			
	tion		Vice President		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼		258.35		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer			Date of Receipt	
	Mailing Address 1755 Maple Lane			07 31 2006	
	City	State	Zip Code	Transaction ID: 12865545	
	Wheaton	IL	60187-3317	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Central DuPage Hospital	Occupation President		7	
			Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00]	
s	UBTOTAL of Receipts This Page (optional)			800.04	
	. 5 ,		•		
T	OTAL This Period (last page this line number or	nly)			

S	CHEDULE A (FEC Form 3X)		Llos concrete cobodulo(o)	FOR LINE NUMBER: PAGE 53 / 93
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
TI LIVIIZED RECEIF 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the n	atements mag name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Teresa Hursey			Date of Receipt
	Mailing Address 1151 East Warrenville F			07 31 2006
	City	State	Zip Code	Transaction ID: 12865546
	Naperville	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Illinois Hospital Associa- tion	Occupatio Vice Pres	n sident, Finance	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	387.50	1
	Other (specify)		307.30	
— В.	Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges			Date of Receipt
	Mailing Address 1151 E. Warrenville Roa PO Box 3015	ad		07
	City	State	Zip Code	Transaction ID: 12865551
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Illinois Hospital Associa- tion	Occupatio Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		387.50	1
	Other (specify)		307.30	
_	Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III			Date of Receipt
Ο.	Mailing Address 4109 Southwoods Road	<u> </u>		M M / D D / Y Y Y Y
	City	State	Zin Codo	07 31 2006
	City Springfield	IL	Zip Code 62707-6070	Transaction ID: 12865554 Amount of Each Receipt this Period
	• • •		02/0/-00/0	Amount of Each Necelpt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Illinois Hospital Associa-	Occupatio		
	tion		ice President	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		387.50	
	Strict (opcorry) \	0 0	0 0 0 0 0 0 0	1
	UBTOTAL of Receipts This Page (optional)			1125.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 93
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••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Kenneth C. Robbins			Date of Receipt
	Mailing Address 1531 Maria Court			07 31 2006
	City	State	Zip Code	Transaction ID: 12865558
	Wheaton	<u>IL</u>	60187-3777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Illinois Hospital Associa-	Occupation President		
	tion Receipt For:		Year-to-Date ▼	
	Primary General		207.50	1
	Other (specify) ▼		387.50	
В.	Full Name (Last, First, Middle Initial) Sr. M. Therese Gottschalk			Date of Receipt
	Mailing Address Post Office Box 4753			07 11 2006
	City	State	Zip Code	Transaction ID: 12868877
	Tulsa	OK 74159-0753		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. John Medical Center	Occupation President	n : & Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Mr. B. Joe Gunn			Date of Receipt
	Mailing Address Post Office Box 326			07 11 7 2006
	City	State OK	Zip Code	Transaction ID: 12868879
	Vinita		74301-0326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		275.00
Craig General Hospital Chic Receipt For: Agg		Occupation Chief Exe	n ecutive Officer	
		Aggregate	Year-to-Date ▼	
	Primary General	' '	275.00	1
	Other (specify) ▼	0 0	270.00	1
s	UBTOTAL of Receipts This Page (optional)			900.00
F	, -5- (-1			
T	OTAL This Period (last page this line number of	only))	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 55 / 93 (check only one)
 	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Barbara Oestmann			Date of Receipt
	Mailing Address P O Box 727	01-1-	7. 0.4.	07 11 200007
	City Alva	State OK	Zip Code 73717-0727	Transaction ID: 12868887 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	73717 0727	250.00
	Name of Employer Share Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. David Pynn			Date of Receipt
	Mailing Address 1923 South Utica Avenu		7.0.1	07 11 7 2006
	City Tulsa	State OK	Zip Code 74104-6520	Transaction ID: 12868888
	FEC ID number of contributing federal political committee.	C	74104-0320	Amount of Each Receipt this Period 500.00
	Name of Employer St. John Medical Center		t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
) .	Full Name (Last, First, Middle Initial) Katie Vaughan			Date of Receipt
	Mailing Address 506 A East Howell Aver	nue		M M / D D / Y Y Y Y
	City Alexandria	State VA	Zip Code	Transaction ID: PR1034595117274
	FEC ID number of contributing federal political committee.	C	22301	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	1	n e Director e Year-to-Date ▼	
	Primary General Other (specify) ▼	55 153	300.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			790.00
T	OTAL This Period (last page this line number o	nly)	>	

SCHEDULE A	(FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 93		
ITEMIZED REC	•		or each category of the	(check only one)		
	•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied	from such Reports and Statem	nents may	not be sold or used by any person	n for the purpose of soliciting contributions		
or for commercial purpo	oses, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.		
NAME OF COMMIT	TEE (In Full)					
American Hospit	al Association PAC					
/	a. Middle Islaid)					
Full Name (Last, Fir Ms. Melinda Reid Ha				Date of Receipt		
Mailing Address 3	25 Seventh Street, NW			M M / D D / Y Y Y Y		
S	Suite 700					
City		State	Zip Code	Transaction ID: PR1045726217274		
Washington		DC	20004-2818	Amount of Each Receipt this Period		
FEC ID number of o		C '		80.00		
federal political com	muce.					
Name of Employer American Hospital A	Associa-	ccupation				
tion-Washingt .			ef Washington Counsel	_		
Receipt For: Primary	General	nggregate	Year-to-Date ▼	D/D D		
Other (specify			600.00	P/R Deduction (\$40.00 Bi- Weekly)		
	′ '	0 0		,,		
Full Name (Last, Fir	st, Middle Initial)					
Ms. Sohini Jindal				Date of Receipt		
Mailing Address 3	25 Seventh Street, NW			M M / D D / Y Y Y Y		
City		State	Zip Code	Transaction ID: PR1125613617274		
Washington		DC	20004-2818	Amount of Each Receipt this Period		
FEC ID number of o	contributing					
federal political com		C		40.00		
Name of Employer	In	ccupation	1			
Name of Employer American Hospital A tion-Washingt	Associa- S		sociate Director			
Receipt For:			Year-to-Date ▼			
Primary	General	1 1	300.00	P/R Deduction (\$20.00 Bi-		
Other (specify	') ▼		300.00	Weekly)		
Full Name (Last, Fir	st Middle Initial\					
. Mr. Lindsay Mac Rob				Date of Receipt		
Mailing Address 1	07 East Lane			M M / D D / Y Y Y Y		
O'th :		01-14	7:- Code			
City <u>Lake Barrington</u>		State II	Zip Code	Transaction ID: PR327727317274		
	and the state		60010-1939	Amount of Each Receipt this Period		
FEC ID number of of federal political com		C		80.00		
				4		
Name of Employer American Hospital A	Associa- O	ccupation	ident, PMGs			
tion-Chicago . Receipt For:			Year-to-Date ▼	-		
Primary	General	.99.09410		P/R Deduction (\$40.00 Bi-		
Other (specify	r) ▼		600.00	Weekly)		
	_					
SUBTOTAL of Descipts This Dags (antions)						
SUBTOTAL of Receip	ots This Page (optional)		·····	200.00		
TOTAL This Desired #	oot noon this line assets as and A		_			
TOTAL THIS Period (I	ast page this line number only)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57/93				
ITEMIZED RECEIPTS		or each category of the	(check only one)				
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and	Statements may	y not be sold or used by any perso	n for the purpose of soliciting contributions				
or for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)							
Ms. Deborah F. Weiner			Date of Receipt				
Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y				
City	State	Zip Code	Transaction ID: PR327745917274				
Rockville	MD	20852-3249	Amount of Each Receipt this Period				
FEC ID number of contributing	С		80.00				
federal political committee.							
Name of Employer American Hospital Associa-	Occupatio						
tion-Washingt		Grassroots Advocacy	4				
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D				
Other (specify)		600.00	P/R Deduction (\$40.00 Bi- Weekly)				
Full Name (Last, First, Middle Initial) 3. Mr. Neil J. Jesuele			Date of Receipt				
Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y				
City	State	Zip Code	Transaction ID: PR327801717274				
Great Falls	VA	22066-1546	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		40.00				
Name of Employer American Hospital Associa-	Occupatio	n e Vice President					
tion-Washingt Receipt For:		e Year-to-Date V	-				
Primary General	35 13		P/R Deduction (\$20.00 Bi-				
Other (specify)		300.00	Weekly)				
Full Name (Last Eirst Middle Initial)							
Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt				
Mailing Address 325 Seventh Street, N	IW		M M / D D / Y Y Y Y				
Suite 700 City	State	Zip Code	Transaction ID: PR327812017274				
Washington	DC	20004-2818	Amount of Each Receipt this Period				
FEC ID number of contributing							
federal political committee.	C		40.00				
Name of Employer American Organization of	Occupatio	n	┪				
American Organization of Nurse Executi	Executive	e Director					
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General		300.00	P/R Deduction (\$20.00 Bi- Weekly)				
Other (specify)	0 0		Weekly)				
SUBTOTAL of Receipts This Page (optional) .		······	160.00				
TOTAL This Period (last page this line number	r only)	>					

S	CHEDULE A (FEC Form 3X)		Harana and a salata (a)	FOR LINE NUMBER: PAGE 58 / 93
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NV Apt. 1008			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327851917274
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Policy Development	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700		V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858017274
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		e Director, AHAPAC	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327877817274
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.32
	Name of Employer American Hospital Associa-	Occupation		\exists
	tion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		624.90	P/R Deduction (\$41.66 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			203.32
\vdash	1 3 11 7		•	
T	OTAL This Period (last page this line number of	only)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 93
	EMIZED RECEIPTS		or each category of the	(check only one)
	EIWIIZED NECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327942117274
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa-	Occupation Presiden		
	tion-Washingt Receipt For:		e Year-to-Date ▼	-
	Primary General	Aggregate	real to Bate V	D/D Doduction (\$40.00 B)
	Other (specify) ▼	0 0	600.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR328136917274
	<u>La Grange</u>	IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Chicago	Sr. Vice	President, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
٥.	Mailing Address 5545 N. Wayne			M M / D D / Y Y Y Y
	Wayne 5545 N. Wayne			W W , B B , I I I I
	City	State	Zip Code	Transaction ID: PR328223817274
	Chicago	IL	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago	Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$20.00 Bi- Weekly)
sı	JBTOTAL of Receipts This Page (optional)			200.00
т	OTAL This Period (last page this line number on	ly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 93
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEII 13		Detailed Summary Page	X 11a 11b 11c 12
۸	winformation and them and Ota			13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224817274
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation	n Executive	
	tion-Washingt Receipt For:		e Year-to-Date ▼	
	Primary General		000.00	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0	600.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224917274
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice I	n President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$40.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M * M / D * D / Y * Y * Y * Y
	City	State	Zip Code	Transaction ID: PR328260917274
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation	n e Vice President	
	Receipt For:	1	e Year-to-Date ▼	-
	Primary General		1000.00	P/R Deduction (\$80.00 Bi-
	Other (specify)	0 0	1200.00	Weekly)
S	UBTOTAL of Receipts This Page (optional)			320.00
т.	OTAL This Period (last page this line number or	nlv)		
			· · · · · · · · · · · · · · · · · · ·	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 93			
	EMIZED RECEIPTS		or each category of the	(check only one)			
•••	LIMIZED RECEII 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
Δ		rmation copied from such Reports and Statements may not be sold or used by any person					
or	for commercial purposes, other than using the	name and ado	rnot be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
A.	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt			
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR328310417274			
	Arnold	MD	21012-2126	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice F	n President, Communications				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	600.00	P/R Deduction (\$40.00 Bi- Weekly)			
В.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt			
	Mailing Address 1001 N. Potomac St.			M ' M / D ' D / Y ' Y ' Y ' Y			
	City	State	Zip Code	Transaction ID: PR328312717274			
	Arlington	VA	22205-1629	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer American Hospital Associa-	Occupation					
	tion-Washingt Receipt For:		ce President Year-to-Date ▼	_			
	Primary General	Aggregate	rear-to-Date V	D/D Doduction (\$40.00 Bi			
	Other (specify) ▼		600.00	P/R Deduction (\$40.00 Bi- Weekly)			
<u>С</u> .	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt			
	Mailing Address 325 Seventh Street, NV Suite 700	V		M ' M / D ' D / Y ' Y ' Y ' Y			
	City	State	Zip Code	Transaction ID: PR328341817274			
	Washington	DC	20004-2818	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer American Hospital Associa- tion-Washingt		Political Action & Grassroot				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$40.00 Bi- Weekly)			
s	UBTOTAL of Receipts This Page (optional)			240.00			
 T	OTAL This Period (last page this line number of	only)	·				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a	ay not be sold or used by any persor ddress of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
A.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina		Date of Receipt
	Mailing Address 200 Clover Hill Court		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR328511817274
	<u>Yardley</u> PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		95.20
	Name of Employer American Hospital Associa- tion-Chicago Coccupati Regiona	on al Executive	1
		te Year-to-Date ▼	
	Primary General Other (specify) ▼	438.00	P/R Deduction (\$47.60 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt
	Mailing Address 909 N. Madison St.		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR328512017274
	Arlington VA	22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer American Hospital Association-Washingt Occupati	on esident, Media Relations	
	tion washingt	te Year-to-Date ▼	
	Primary General	300.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	300.00	Weekly)
C.	Full Name (Last, First, Middle Initial) Ms. Anne E. Ubl		Date of Receipt
	Mailing Address 801 Pennsylvania Ave, NW #245		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR328767017274
	Washington DC	20004-2615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		80.00
	Name of Employer American Hospital Associa- Vice Pr	on esident, Federal Relations	
	tion washingt	te Year-to-Date V	
	Primary General Other (specify) ▼	600.00	P/R Deduction (\$40.00 Bi- Weekly)
_	5 a.c. (opes.)) •	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)		215.20
Т	OTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 93 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address AHA One North Franklin Stre	et		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329013417274
	Chicago	<u>IL</u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director,	n Psychiatric and Substance <i>I</i>	Ab
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$20.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address 1905 Christopher Place			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR329071317274
	Harrisburg	PA	17110-3573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Center for Healthcare Gov- ernance	Occupation President	n t and COO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$60.00 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard	South		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329215717274
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago '		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		600.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			240.00
			•	
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 93								
	EMIZED RECEIPTS		or each category of the	(check only one)								
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17								
Δr	y information copied from such Reports and St	atomonte may	unot be sold or used by any person									
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.								
\setminus	NAME OF COMMITTEE (In Full)											
	American Hospital Association PAC											
A.	Full Name (Last, First, Middle Initial) Ms. Tama Mattocks			Date of Receipt								
	Mailing Address 325 Seventh Street, NV Liberty Place, Suite 700			M M / D D / Y Y Y Y								
	City	State	Zip Code	Transaction ID: PR330273417274								
	Washington	DC	20004-2818	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		40.00								
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	n ssociate Director									
	Receipt For:	Aggregate	e Year-to-Date ▼									
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$20.00 Bi- Weekly)								
В.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt								
	Mailing Address 4960 138th Circle Wes	t		M M / D D / Y Y Y Y								
	City	State	Zip Code	Transaction ID: PR330475417274								
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		80.00								
	Name of Employer American Hospital Associa-	Occupation	n Executive									
	tion-Chicago Receipt For:		Year-to-Date ▼									
	Primary General	, igg. oguio		P/R Deduction (\$40.00 Bi-								
	Other (specify) ▼	0 0	600.00	Weekly)								
C.	Full Name (Last, First, Middle Initial) Dr. Donald Nielsen, MD			Date of Receipt								
	Mailing Address 195 Oxford Court			M " M / D " D / Y " Y " Y " Y								
	City	State	Zip Code	Transaction ID: PR330524817274								
	Alamo	CA	94507-1753	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		80.00								
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vi	n ce President									
	Receipt For:		e Year-to-Date ▼									
	Primary General Other (specify) ▼	0 0	600.00	P/R Deduction (\$40.00 Bi- Weekly)								
s	UBTOTAL of Receipts This Page (optional)			200.00								
H	OTAL This Period (last page this line number of											

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 93
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12
۸۰	y information copied from such Reports and Sta	tomonto mo	, not be cold or used by any perce	13 14 15 16 17
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330534317274
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Assoc	n ciate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address 530 North Lakeshore Dr Unit 2303	ive		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330547717274
	Chicago	<u>IL</u>	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Strategic Planning	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330549217274
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		300.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			120.00
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T	OTAL This Period (last page this line number or	1ly)		

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 66 / 93
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330776117274
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		43.48
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt		ocacy & Member Communic	cations
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		260.88	P/R Deduction (\$21.74 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
-	Mailing Address PO Box 15587			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331416017274
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.32
	Name of Employer American Hospital Associa-	Occupation	1	7
	tion		ional Executive for TX	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		624.90	P/R Deduction (\$41.66 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt
	Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331533217274
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa-	Occupation	1	7
	American Hospital Associa- tion-Washingt		ident, Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		580.00	P/R Deduction (\$40.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			206.80
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 67/93 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Kristin Welsh Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR517619717274 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Sr. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	40.00
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SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 93 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
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NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City	State Zip Code	Date of Receipt M M
Washington FEC ID number of contributing federal political committee. Name of Employer	DC 20005 C Occupation	Amount of Each Receipt this Period 338.33
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2334.06	Bank Interest

SUBTOTAL of Receipts This Page (optional)	•	338.33
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Transaction ID: 12865565 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. American Express Mailing Address Ste. 001 City Chicago Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. Merchant Bankcard Mailing Address 1601 Elm Street City Dallas Transaction ID: 12865563 Bank Fees Candidate Name Other (specify) Type Office Sought: Full Name (Last, First, Middle Initial) Mailing Address 1601 Elm Street City Dallas Transaction ID: 12865563 Bank Fees Amount of Each Disbursement this Period Other (specify) Type Office Sought: Other (specify) Furpose of Disbursement this Period Other (specify) Furpose of Disbursement this Period City Dallas Transaction ID: 12865563 Bank Fees Bank Fees City Dallas Types of Disbursement this Period Other (specify) Furpose of Disbursement this Period Other (specify) Furpose of Disbursement this Period Other (specify) Furpose of Disbursement this Period Other (specify) Type Office Sought: Full Name (Last, First, Middle Initial) Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Disbursement For: Senate President State: Type State: Type State: Type State: Type State: Type State: Type State: Type State: Type State: Type State:	S	CHEDULE B (FEC Form 3X)	Use sep					IE NUMBER: PAGE 69 / 93										
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A. American Express						of Di м	sburs		V V	/ - V -	V
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\rangle	American Hospital Association PAC												
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Α.	Steve Rothman For New Jersey Inc.							isburs		nt	V	V	V
	Mailing Address P.O. Box 714								1 3	Ĺ	2 (o ŏ 6	
	City	State Zip Code				Amou	ınt c	f Each	n Dis	burse	ment	this P	'eriod
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	Mailing Address 145 E. Rich Street						М	/ D	1 3	/ Y	ž	o ŏ 6	Y
	City Columbus	State Zip Code OH 43215				Amou	ınt c	f Each	n Dis	burse	ment	this P	eriod
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	Candidate Name Rep. Deborah Pryce	Category/ Type											
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C.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund						of D	isburs	eme		47		
	Mailing Address 818 Connecticut Aver Suite 1100	ue, NW				0 ^M 7	М	/ D.	1 3	/ Y	ž (o ŏ 6	Y
	City Washington	State Zip Code DC 20009				Amou	ınt c	f Each	n Dis	burse	ment	this P	'eriod
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	Mary Bono Committee						14				Y Y	Υ		
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	Mailing Address P.O. Box 435				0 ^M 7	M /	1 3		ŽOŎ	6 ^Y
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	Mailing Address 607 14th Street N.W Suite 800				0 7		1 3			
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\setminus	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee							Trans					393		
	Mailing Address PO Box 360							o ^M 7			1 3		Y	ž 0 ŏ	3 Y
	City Prescott	State AR	Zip Code 71857					Amou	ınt o	f Ea	ch D	isburs	semei	nt this	Period
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C.	Full Name (Last, First, Middle Initial) Tom Feeney For Congress							Trans Date	of D	isbu	rsem	ent			
	Mailing Address 1420 Alafaya Trail #103							0 7	М	/ [1 3		Y 2	ž 0 ŏ	3 ^Y
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Scott Garrett For Congress			Transaction ID: 12790408 Date of Disbursement
Mailing Address P.O. Box 905			$\begin{bmatrix} M & M $
City Newton	State Zip Code NJ 07860		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Scott Garrett		Category/ Type	
Senate President	oursement For: 2006 Primary X General Other (specify)		Contribution
State: NJ District: 5 Full Name (Last, First, Middle Initial)			Transaction ID: 12780351
B. Mark Pryor For Us Senate			Date of Disbursement
Mailing Address PO Box 2720			07 13 7 2006
City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Contribution		011	1000.00
Candidate Name Sen. Mark L. Pryor		Category/ Type	
Office Sought: House Disl X Senate President	oursement For: 2008 X Primary General Other (specify) ▼		2008 Contribution
State: AR District: 2			
Full Name (Last, First, Middle Initial) C. Pat Roberts For Senate			Transaction ID: 12790459 Date of Disbursement
Mailing Address PO Box 433			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 7 \\ 0 & 1 & 7 \end{bmatrix} / \begin{bmatrix} y & y & 0 & 0 & 0 \\ 2 & 0 & 0 & 6 & M \end{bmatrix}$
City Great Bend	State Zip Code KS 67530		Amount of Each Disbursement this Period
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Candidate Name Sen. Pat Roberts		Category/ Type	
Office Sought: House Disl X Senate President State: KS District: 2	oursement For: 2008 X Primary General Other (specify) ▼		2008 Contribution
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\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC					
۹.	Full Name (Last, First, Middle Initial) Great Plains Leadership Fund				Transaction I	ID: 12790454
	Mailing Address 818 Connecticut Avenu	e, NW				D 1 7 Y Y O O 6 Y
	Suite 1100 City Washington	State Zip Code DC 20006			Amount of Ea	ch Disbursement this Period
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3.	Pryce For Congress				Date of Disbu	
	Mailing Address 145 E. Rich Street				0 7	17 2006
	City Columbus	State Zip Code OH 43215			Amount of Ea	ch Disbursement this Period
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	Candidate Name Rep. Deborah Pryce		Cate Typ	٠,		
	Office Sought: X House Senate President State: OH District: 15	sement For: 2006 Primary X General Other (specify)			Contribution	
Э.	Full Name (Last, First, Middle Initial) Reynolds For Congress				Transaction I Date of Disbu	ID: 12790481 irsement
	Mailing Address PO Box 15388 Pittsford				07 /	1 7 Y 2 0 0 6 Y
	City Rochester	State Zip Code NY 14615			Amount of Ea	ch Disbursement this Period
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Reynolds For Congress					f Disburse		y	Y	1
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City Rochester	State Zip Code NY 14615			Amour	nt of Each	Disburse			-
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Full Name (Last, First, Middle Initial)				Transa	ction ID:	: 127904	58		
Friends Of Mary Landrieu Inc				Date of	f Disburse	ement			
Mailing Address 607 14th Street Nw Suite Suite 1434	800			07	1 / 1	7 /	ž0	ŏ6 [°]	
City Washington	State Zip Code DC 20005			Amour	nt of Each	Disburse			-
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Full Name (Last, First, Middle Initial)				Transa	ction ID:	: 127904	80		
Brady For Congress				Date o	f Disburs				
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City The Woodlands	State Zip Code TX 77387			Amour	nt of Each	Disburse	ement t	nis Pei	riod
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V	American Hospital Association PAC	•														
Α.	Full Name (Last, First, Middle Initial) Rick Renzi For Congress								on ID:		790472 nt					
							07									
	Mailing Address P.O. Box 2383															
	City Prescott	State Zip Coo AZ 86302					Amount of Each Disbursement this Period									
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	Candidate Name Rep. Rick Renzi		C	Cat	egory/ ype											
	Office Sought: X House Senate President	Disbursement For: 200 X Primary G Other (specify)	06 eneral		71		Contr	ibut	ion							
	State: AZ District: 1															
В.	Full Name (Last, First, Middle Initial) Friends Of Dave Reichert								on ID:		790473 nt					
	Mailing Address P. O. Box 53322						0 ^M 7	М	[/] 1	7	/ Y	ž 0 ŏ	6 ^Y			
	City Bellevue	State Zip Coo WA 98015					Amou	ınt o	f Each	Disk	ourseme	nt this	Period			
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	Candidate Name Rep. David George Reichert			Cat	egory	′										
	Office Sought: X House Senate		06 eneral		уре		Contr	ibut	ion							
	State: WA District: 8	Other (specify)														
C.	Full Name (Last, First, Middle Initial) BRIDGE PAC						Date o	of D	isburse	emer	790457 nt					
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NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Full Name (Last, First, Middle Initial) Friends Of George Allen			Transaction ID: 1. Date of Disbursem	
Mailing Address PO Box 6859			07 17	2 0 0 6
City Arlington	State Zip Code VA 22206		Amount of Each D	isbursement this Period
Purpose of Disbursement Contribution Candidate Name		011		1500.00
Sen. George F. Allen		Category/ Type		
Office Sought: House Disbu X Senate President State: VA District: 2	rsement For: 2006 Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) 3. Citizens For Rush			Transaction ID: 1 Date of Disbursem	
Mailing Address P. O. Box 7292			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$	2006
City Chicago	State Zip Code IL 60680		Amount of Each D	isbursement this Period
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Candidate Name Rep. Bobby L. Rush		Category/ Type		
Office Sought: X House Senate President State: IL District: 1	rsement For: 2006 Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) Grassley Committee Inc			Transaction ID: 1. Date of Disbursem	
Mailing Address PO Box 1000			07 19	2006
City Des Moines	State Zip Code IA 50304		Amount of Each D	isbursement this Period
Purpose of Disbursement 2010 Contribution		011	<u> </u>	2000.00
Candidate Name Sen. Charles E. Grassley		Category/ Type		
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Α.	Full Name (Last, First, Middle Initial)											90554		
۸.	Davis For Congress/Friends Of Davis							- 14	of Di	sburs			YY	Y
	Mailing Address 5956 W. Race Avenue							0 7		1	9		ž 0 Ď (5
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	Candidate Name Rep. Danny K. Davis					egory/								
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	Full Name (Last, First, Middle Initial)							T		ID	107	00570		
В.	Rush Holt For Congress							Date of				90572 t		
	Mailing Address PO Box 782							0 ^M 7	М	1	9	/ Y	ž 0 ŏ (3 Y
	City Pennington		Code 534					Amou	nt of	Each	Disb	urseme	nt this	Period
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	Candidate Name Rep. Rush D. Holt					egory/ /pe								
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	State: NJ District: 12	_ Other (specify)	•											
_	Full Name (Last, First, Middle Initial)											90573		
C.	Moore For Congress							Date of	of Di м	sburs	emen		V . V	V
	Mailing Address PO Box 16646							0 7		1	9		ž 0 Ď (5
	City Milwaukee	State Zip WI 533	Code 216					Amou	nt of	Each	Disb	urseme	nt this	Period
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	Rep. Gwen Moore				Ту	ре								
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Α.	Roskam For Congress Committee							Date	of D м				V	V V	V
	Mailing Address 423 W. Wesley Street							0 7	IVI	Ĺ	^D 1 9	9 ′	L.	ž o ŏ	6
	City Wheaton	State IL	Zip Code 60189					Amou	nt o	f Ea	ch [Disbur	seme	nt this	Period
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	Mailing Address 98 East Avenue Rear Bu	ilding						0 ^M 7	М	/	2 (0 /	Υ	ž 0 ŏ	6 ^Y
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C.	Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen							Trans Date of	of D	isbu	rser	nent			
	Mailing Address PO Box 326							o ^M 7	М		2 !	5	Y	žoŏ	6 ^Y
	City Everett	State WA	Zip Code 98206					Amou	nt o	f Ea	ch [Disbur	seme	nt this	Period
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_	Full Name (Last, First, Middle Initial)			Transaction ID: 1	
۹.	Ike Skelton For Congress Committee			Date of Disbursem	
	Mailing Address P.O. Box A			07 25	2006
	City Harrisonville	State Zip Code MO 64701		Amount of Each D	isbursement this Period
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	Candidate Name Rep. Ike Skelton		Category/ Type		
	Senate President	rrsement For: 2006 X Primary General Other (specify) ▼	•	Contribution	
3.	State: MO District: 4 Full Name (Last, First, Middle Initial) Mel Watt For Congress Committee			Transaction ID: 1	
	Mailing Address PO Box 36831			Date of Disbursem 0 7 2 5	
	City Charlotte	State Zip Code NC 28236		Amount of Each D	isbursement this Period
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	Candidate Name Rep. Melvin L. Watt		Category/ Type		
	Senate President	orsement For: 2006 Primary X General Other (specify) ▼	•	Contribution	
	State: NC District: 12 Full Name (Last, First, Middle Initial)			T .: 15.4	000000
Э.	Committee To Re-Elect Ron Paul			Transaction ID: 1. Date of Disbursem	
	Mailing Address 837 W Plantation Dr			07 / 25	2006
	City Clute	State Zip Code TX 77531		Amount of Each D	isbursement this Period
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	Candidate Name Rep. Ronald Paul		Category/ Type		
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١.	John Shadeggs Friends				ļ <u>[</u>		Disburse											
	Mailing Address PO Box 45444									07								
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3.	Goode For Congress						Disburse											
	Mailing Address 235 South Main Street					0 7	[/] 2	5 /	ž	0 ŏ 6	Y							
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	Rep. Virgil H. Goode, Jr.		T	уре														
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	Rep. Xavier Becerra		Т	уре														
	Office Sought: X House Disburs	sement For: 2006 Primary X General			С	ontrib	ution											
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۱.	Congressman Joe Barton Committee, The	9					Date of				· · · · ·	V *	V	
	Mailing Address P.O. Box 1444									ľ	2	0 Ď 6		
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	President State: TX District: 6	Other (specif	(y) \											
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3.	Chet Edwards For Congress						I ransa Date of			28233 ent	/3			
							ММ				Y	0 Å C	Υ	
	Mailing Address PO Box 23273						0 7		25		. 2	0 Ď 6		
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).	Rush Holt For Congress						Date of				00			
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American Hospital Association PAC											
Full Name (Last, First, Middle Initial)				tion ID: 128							
Ben Chandler For Congress			Date of Disbursement M 7 M / D 2 D / Y 2 0 0 6 Y								
Mailing Address P. O. Box 12678											
City Lexington	State Zip Code KY 40508		Amount	of Each Disb	ursement	this Pe	riod				
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Candidate Name Rep. Benjamin Chandler		Category/ Type									
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State: KY District: 6 Full Name (Last, First, Middle Initial)			_								
3. Northstar Leadership PAC			Date of I	tion ID: 128 Disbursemen	t	~ V ~ V	7				
Mailing Address PO Box 4365			07	25	Ž Ž	0 0 6					
City St. Paul	State Zip Code MN 55104		Amount	of Each Disb			-				
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David Davis Victory Fund			Date of I	tion ID: 128 Disbursemen	t	* V * V	7				
Mailing Address 2016 Northwood Drive			07	25	2	0 0 6					
City Johnson City	State Zip Code TN 37601		Amount	of Each Disb	ursement	this Pe	riod				
Purpose of Disbursement Contribution		011	L		2	500.00)				
Candidate Name Mr. David Davis		Category/ Type									
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١.	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress				Date o	action ID of Disburs	ement		Y Y	
	Mailing Address 235 Montgomery Street Suite 610				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	City San Francisco	State Zip Code CA 94104			Amou	nt of Each	Disburs			
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	Candidate Name Rep. Nancy Pelosi		ı	tegory/ ype						
	Office Sought: X House Senate President State: CA District: 8	ement For: 2006 Primary X General Other (specify)			Contri	bution				
3.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee					action ID		106		
	Mailing Address PO Box 87					_	26	Ý Ž O	Ϋ́ 6 Ϋ́	
	City	State Zip Code			Amou	nt of Each	Dishurs			
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	Rep. James W. Gerlach			ype	-					
	Office Sought: X House Senate President State: PA District: 6	ement For: 2006 Primary X General Other (specify)			Contri	bution				
) .	Full Name (Last, First, Middle Initial) Regula For Congress Committee					action ID		386		
	Mailing Address 228 S. Washington St. S	Ste. 115			0 ^M 7	_	3 ^D /	Ý Ž0	0 6 °	
	City Alexandria	State Zip Code VA 22314			Amou	nt of Each	Disburse	ement th	nis Period	
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	Candidate Name Rep. Ralph Regula		Cat	egory/ ype						
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American Hospital Association PAC											
Full Name (Last, First, Middle Initial)			Transa	ction ID:	1282339	99					
Stupak For Congress			Date of Disbursement								
Mailing Address 817 Ninth Avenue P.O. E PO Box 143	ox 156		07 7 7 3 1 7 2 0 0 6 4								
•	State Zip Code MI 49858		Amount	t of Each I	Disburser	ment this I	-				
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Candidate Name Rep. Bart Stupak		Category/ Type									
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Full Name (Last, First, Middle Initial)			Transa	ction ID:	12823/(าว					
3. Stupak For Congress				Disburser	ment		Y				
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Sweeney For Congress Inc				Disburse			_				
Mailing Address Post Office Box 1465			07	[/] 3	1 / Y	ž 0 Ŏ 6	5 ^Y				
City Clifton Park	State Zip Code NY 12065		Amount	t of Each I	Disburser	ment this I	Period				
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Candidate Name Rep. John E. Sweeney	(Category/ Type									
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/	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2006				Transaction ID: 12823392 Date of Disbursement	
	Mailing Address 5915 Eastman Ave.	Suite 100				2 0 0 6 °
	City Midland	State Zip Code MI 48640			Amount of Each Disburseme	nt this Period
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	Candidate Name Rep. David Lee Camp		Ca	011 ategory/ Type		
	Office Sought: X House Senate President State: MI District: 4	bursement For: 2006 X Primary General Other (specify) ▼			Contribution	
В.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2006				Transaction ID: 12864405 Date of Disbursement	
	Mailing Address 5915 Eastman Ave.	Suite 100			07 M / D 3 D / Y	2006
	City Midland	State Zip Code MI 48640			Amount of Each Disburseme	
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	Rep. David Lee Camp			ategory/ Type		
	Office Sought: X House Dis Senate President State: MI District: 4	bursement For: 2006 Primary X General Other (specify) ▼			Contribution	
С.	Full Name (Last, First, Middle Initial) Peter Hoekstra For Congress				Transaction ID: 12823395 Date of Disbursement	
	Mailing Address 1454 Cimarron Driv	9			0 7 M / D 3 1 / Y	2006
	City Holland	State Zip Code MI 49423			Amount of Each Disburseme	nt this Period
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	Candidate Name Rep. Peter Hoekstra			ategory/ Type		
	Office Sought: X House Senate President State: MI District: 2	bursement For: 2006 X Primary General Other (specify)	•		Contribution	
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/	American Hospital As	sociation PAC	С															
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٩.	Longhorn PAC									Date o				nt				
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\	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 12790641
۹.	Bricker & Eckler PAC			Date of Disbursement
	Mailing Address 100 South Third Street	et		077 19 7 2006
	City Columbus	State Zip Code OH		Amount of Each Disbursement this Period
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	Candidate Name		Category/ Type	
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EX	PENDITUR	ES			PAGE 93 / 93 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER
American Hospital Association PAC					C C00106146
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Full Name (Last, First, Middle, Initial) of Pa	yee			Date	
Eagle Consulting Group	•			0,7	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				Amount	
300 North 2nd Street					6184.66
Suite 430				Transactio	n ID: 12800886
City	State	Zip Co		Office Sough	
Harrisburg	PA	1710	1	Office Sough	Senate District: 7
Purpose of Expenditure Radio Production		Category/ Type	004		Presidential
Name of Federal Candidate supported or C	pposed by expend	liture:		Check One:	X Support Oppose
Rep. Joe Schwarz, M.D.				D'alamana	Y Birry 000
					nt For: X Primary General 200
Calendar Year-To-Date Per Election		3500	00.04	Oth	er (specify) :
for Office Sought	L	3300	70.04		
Full Name (Local Final Addular Lettal) of Da				Data	
Full Name (Last, First, Middle, Initial) of Pa	yee			Date M M /	D D / Y Y Y Y
Multi Media Services Corporation				0,7	28 2006
Mailing Address				Amount	
915 King Street					28815.38
2nd Floor				Transactio	n ID: 12800866
City Alexandria	State VA	Zip Co 2231		Office Sough	
Purpose of Expenditure	VA	2231	4		Senate District: 7
Radio Advertising		Category/	004		Presidential
		Туре			
Name of Federal Candidate supported or C	pposed by expend	liture:		Check One:	X Support Oppose
Rep. Joe Schwarz, M.D.				Disbursemen	nt For: X Primary General 200
					er (specify) :
Calendar Year-To-Date Per Election		2881	15.38		er (Specify):
for Office Sought					
_					05000.04
(a) SUBTOTAL of Itemized Independent Expenses	enditures				35000.04
(b) SUBTOTAL of Unitemized Independent E	vnandituras				0.00
(b) SOBTOTAL OF OTHER MIZE A Macpenderit L	Aponaitares		•••••		
(c) TOTAL Independent Expenditures					35000.04
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	r authorized commit				
			M		V V V V
Ms. Melinda Hatton		D	ate 12	07	Ŷ Ŷ Ŷ Ŷ Ŷ 2006
Signature					